

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/111,692

FILING DATE

9-5-96

APPLICANT(S)

CLAIMS

	AS FILED		AFTER <i>a</i> 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
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48						
49						
50						
TOTAL IND.	5		6			
TOTAL DEP.	17	↔	27	↔		
TOTAL CLAIMS	22		30			

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS